

California School-Based MAA Manual

SECTION 7

Operational Plan Overview

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Overview

This section provides information on how to prepare and assemble the required documentation for each claiming unit's operational plan. The term "operational plan" (OP) replaces the term "claiming plan" and includes the audit documents in support of each invoice.

Pursuant to OMB Circular A-87, each claiming unit must develop and maintain an audit file of comprehensive documents in support of the invoice prior to its submission to CDHS. The certification signature on the Claiming Unit Functions Grid (the Grid) indicates such preparation has occurred. The OP components are subject to review by the LEC/LGA, CDHS, and/or CMS upon submission of the invoice. The OP becomes the audit file and must include but might not be limited to:

- **Training Materials** and information describing when and where time survey training was conducted, who conducted the training, and who attended.
- **Time Survey Materials** that support the training of staff who time-surveyed.
- **The Grid** (signed by both the LEC/LGA Coordinator and the LEA Coordinator) for each quarter claimed in support of the invoice.
- **Position Descriptions/Duty Statements** that match the position classifications identified on the Grid.
- **Medi-Cal Percentage** documentation used in the discounted codes.
- **Contracts/MOUs** for MAA services provided by personnel who are included on the claiming grid and/or whose costs will be included in the invoice.
- **Invoice Documents** to support all claims on the invoice.
- **Organization Charts** that show the relationships of time-surveying staff, as entered in the invoice.
- **Resource Directories** used to help participants access Medi-Cal services.

All changes reflected on the claiming grid and claimed for in the invoice must be documented and maintained in the audit file.

Grids and invoices are submitted together each quarter to the LEC/LGA for review and submission to CDHS. Once the invoice is approved by CDHS, the OP is approved contingent upon a CDHS/CMS review that reflects compliance. This OP supports the requirements defined in the contract between the LEC/LGA and CDHS and forms the basis for Medi-Cal administrative claiming. A LEA/ LEC/LGA may submit changes to its Grid once per quarter when the invoice is submitted.

Claiming Unit Functions Grid

This Grid provides CDHS with a summary of the claiming unit staff participating in MAA and the certification that all documentation in support of the invoice is on file and available for review. The Grid is submitted each quarter with the invoice and must include all staff that are included in your invoice whether they time-surveyed or direct-charged.

CLAIMING UNIT FUNCTIONS GRID

DATE:

(1) LEC/LGA:		(2) INVOICE NUMBER: (from Summary Invoice)						
(3) NAME OF CLAIMING UNIT:		(4) NO. OF CLAIMING STAFF: (sum of #12, Number of Staff)						
(5) CALIFORNIA DISTRICT CODE:								
(6) CLAIMING UNIT ADDRESS:								
(7) CLAIMING UNIT COORDINATOR:								
(8) TELEPHONE:				(9) E-MAIL:				
(10) AUDIT FILE LOCATION (ADDRESS):								
(11) STAFF JOB CLASSIFICATIONS: (Identified by duty statement/job description)	(12) NUMBER OF STAFF:	(13) MEDI-CAL ADMINISTRATIVE ACTIVITIES (ENTER "X" UNDER EACH ACTIVITY):						
		Code 4	Code 6	Code 8	Code 10	Code 12	Code 14	Code 15

Code 4 = Initial Medi-Cal Outreach
Code 6 = Facilitating Medi-Cal Application
Code 8 = Ongoing Referral, Coordination, and Monitoring
Code 10 = Transportation-Related Activities in Support of
 Medi-Cal Covered Services

Code 12 = Translation Related to Medi-Cal Covered Services
Code 14 = Program Planning, Policy Development, and
 Interagency Coordination
Code 15 = Medi-Cal Coordination, Claims Administration,
 and Training

CERTIFICATION STATEMENT (To be signed by both the LEC/LEA Coordinator and the LEA Coordinator)

The signatures below certify that the information provided herein is true and correct and accurately reflects the performance of the MAA OP described in the invoices and time surveys related to this grid. We hereby certify that, to the best of our knowledge and belief, this report is true and correct and all data have been compiled and reported in accordance with state and federal laws and regulations and the instructions for this report.

LEC/LGA Coordinator

Date

LEA Coordinator

Date

CDHS USE ONLY

Date of Site Review: _____